

FILED MAY 10 1944

Registration District No. 56

Primary Registration District No. 4081

Registrar's No. 6

1. PLACE OF DEATH:
(a) County CANONVA
(b) City or town BOSWORTH MO
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County CANONVA
(c) City or town BOSWORTH MO
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME LENE EDWARD JARDNER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 13th
year 1944 hour 12:45 minute _____ A. M.
21. I hereby certify that I attended the deceased from _____
Coroner Call _____ 19____

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced 30
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased SEPT 21 - 1927
(Month) (Day) (Year)

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above
Immediate cause of death Fractured skull, neck at 1st vertebrae, and fractured right fore arm as result of auto accident on U.S. Highway 65 2 1/2 miles west of Bosworth, Mo. Duration _____

8. AGE: Years Months Days If less than one day
16 6 22 hr. _____ min.

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace BOSWORTH, MO
(City, town, or county) (State or foreign country)
10. Usual occupation School Boy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence April 13, 1944
(c) Where did injury occur? U.S. Highway 65 2 1/2 miles west of Bosworth, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Highway 65-24
While at work? No (Specify type of place) _____
(e) Means of injury Automobile

11. Industry or business _____
12. Name EDWARD JARDNER
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Jessie Viola JENNINGS
15. Birthplace Bosworth MO
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Jennie V. Gardner
(b) Address Bosworth 1720
17. (a) BURIAL (b) Date thereof APR 15 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION CEMETERY
18. (a) Signature of funeral director Duff Edwards
(b) Address Bosworth
19. (a) April 13, 1944 (b) Hester Itsher
(Date received local registrar) (Registrar's signature)

19. (a) April 13, 1944 (b) Hester Itsher
(Date received local registrar) (Registrar's signature)

23. Signed Edward E. Smith Coroner (Name of other authority)
Hester Itsher Registrar Date signed 4/13/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1053

87 MAR
RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-8-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

David J. Edwards

Licensed Embalmer No.

3260

P. O. Address

Conover

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.